

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



James DeLoach
Warden
Draper Correctional Facility
P.O. Box 1107
Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

FILED 04/20/2007

A. Signature

X C. B. L.

 Agent Addressee**B. Received by (Printed Name)**

C. B. L.

C. Date of Delivery

4/18/07

Address different from item 1? Yes
Delivery address below: No

07CV219

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004